MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-045287
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11146

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | BY AFFIDAVIT OF DOCUMENT

FILED NOV 22 1963

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY

b. CITY OR TOWN St. Louis — Length of stay in 1b: 7 days
c. CITY OR TOWN St. Louis Mo — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Chronic Hospital — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4633 Shenandoah — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Ralph — Middle — Last Burns
4. DATE OF DEATH: Month 11 — Day 8 — Year -63

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/17/1900
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker
10b. KIND OF BUSINESS OR INDUSTRY: Fruin- Colon
11. BIRTHPLACE (City and state or country): Newton, Illinois
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: ? John Burns
13b. MOTHER'S MAIDEN NAME: ? Elizabeth Wand
14. NAME OF HUSBAND OR WIFE: ? Margaret V. Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Margaret V. Burns — Address: 4633 Shenandoah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-1-63 to 11-8-63 and last saw her him alive on 11-8-63
Death occurred at 9:25pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS 5800 Arsenal
22c. DATE SIGNED 11-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11/12/1963
23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
23d. LOCATION (City, town, or county) St. Louis, County, Missouri (State)

24. FUNERAL DIRECTOR Alexander & Sons — ADDRESS 6175 Delmar Blvd.
25. DATE RECD. BY LOCAL REG. NOV 12 1963
26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon C. Vedder

Licensed Embalmer No. 5031

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.